U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For Official Use Only | |
|------------------------|----|
| PDA | |
| 1. File Number U- 1323 | 27 |

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | |
|--|--|--|--|--|
| Name IVAN C NASCO | Name PLUMBERS & PIPEFITTERS LOCAL 498 | | | |
| | Labor Organization File Number 037-254 | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any p O Box E | | | |
| Street 510 THIRD STREET, N | S eet 3803 West Meighan Bldv. | | | |
| City ONEONTA | ^{Crty} Gadsden | | | |
| State Alabama ZIP Code + 4 35121 | Siste Alabama ZIP Code + 4 35904 | | | |
| 5. Position in labor organization. LOCAL UNION MEMBER | | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| Signature | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | |
| Signed Man Maro | On 8-20-W 205-274-8818 Date Telephone Number | | | |
| | Date Leichtute Motinet | | | |

| Name of Person Filing | IVAN RASCO | File Number U- |
|-----------------------|------------|----------------|
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name GADSDEN-ANNISTON JATC X a. Labor Organization Trade Name, if any: N/A b, Trust P.O. Box, Bldg., Room No., if any P O BOX E c. Employer Street 3803 WEST MEIGHAN Gadsden City State Alabama ZIP Code +4 35904 11.a. Nature of such dealing. 10, If 9,b. or 9.c. is checked give trust or employer's name. N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. TRAINING COORDINATOR & INSTRUCTORS SALARY ZIP Code + 4 State \$8,022 12.b, Amount.

| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | |
|--|---------------------------|---|--------------------------|--|
| 13.a. Name and address of Employer or I (including trade name, if any). | abor Relations Consultant | | 14.a. Nature of payment. | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Sox, Bldg., Room No., if any | | | | |
| Street | | | | |
| City | | | | |
| State | ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer | or Consultant | ? | 14.b. Amount of payment. | |